

#7/6  
1-2-03



03500.014160.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	:	Examiner: David Jones
KENJI MIKAMI, ET AL.	)	
	:	Group Art Unit: 2622
Application No.: 09/451,442	)	
	:	
Filed: November 30, 1999	)	
	:	
For: METHOD FOR DISPLAYING	)	
DESIRED MESSAGE IN	:	
DISPLAY UNIT OF DATA	)	
PROCESSING APPARATUS	:	
FOR VARIOUS PROCESSES	)	December 23, 2003

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**  
DEC 29 2003  
Technology Center 2600

AMENDMENT

Sir:

In response to the Office Action dated September 26, 2003, please amend  
the above-identified application as follows.



In re Application of:

KENJI MIKAMI, ET AL.

Application No.: 09/451,442

Filed: November 30, 1999

For: METHOD FOR DISPLACING DESIRED MESSAGE  
IN DISPLAY UNIT OF DATA PROCESSING  
APPARATUS FOR VARIOUS PROCESSES

Docket No. 03500.014160.

Examiner: David Jones

Group Art Unit: 2622

Date: December 23, 2003

MAIL STOP NON-FEE AMENDMENT  
THE COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

DEC 29 2003

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 27	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 9	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						previously paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicants

Registration No. 39,000

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